U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1	2. Fiscal Year Covered From: AMENDED	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Andrew Esposito	Name Iron Workers Local No. 424	
	Labor Organization File Number 039–285	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 74 Summer Lane	Street 15 Bernhard Road	
City North Haven	City North Haven	
State Connecticut ZIP Code + 4 06473	State Connecticut ZIP Code + 4 06473	
5. Position in labor organization. Bus Mgr Financial Secretary 1	Preas.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of	
City	The state of the s	
State ZIP Code + 4		
Signature (Co. in the control of the		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Cent Espert	On \$-13-65 . 263-787.4154 Date Telephone Number	

Name of Person Filing Andrew Esposito	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Iron Workers 15 & 424 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 Research Parkway, Suite 301 City Meriden State Connecticut: ZIP Code + 4 06450	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers 15 & 424 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 Research Parkway, Suite 301 City Meriden	11.a. Nature of such dealing. Union Trustee – Iron Workers' Locals 15 & 424 Pension Fund 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State Connecticut ZIP Code + 4 06450	I.F.E.B.P. Annual Conference registration, airfare, hotel, daily expense - November 2004 Expenses related to Board of Trustees meetings for the year I.F.E.B.P. Annual Conference Registration - Nov. 05		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Andrew Esposito	File Number U-
There of croot and Andrew Esposito	I

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Iron Workers 15 & 424 Extended Benefit Fund	a. Labor Organization
Trade Name, if any:	Land
P.O. Box, Bldg., Room No., if any	b. Trust
Street 300 Research Parkway, Suite 301	c. Employer
City Meriden	
State Connecticut ZIP Code + 4 06450	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Iron Workers 15 & 424 Extended Benefit Fund	Union Trustee - Iron Workers' Locals 15 & 424 Extended Benefit Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 300 Research Parkway, Suite 301	
City Meriden	
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	I.F.E.B.P. Annual Conference registration, airfare, hotel, daily expense - November 2004
	Expenses related to Board of Trustees meetings for the year
	I.F.E.B.P. Annual Conference Registration - Nov. 05
	12.b. Amount. \$3,352

Name of Person Filing Andrew Esposito	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers' 15 & 424 Annuity Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 300 Research Parkway, Suite 301	c. Employer	
City Meriden		
State Connecticut ZIP Code + 4 06450		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers' 15 & 424 Annuity Fund	Union Trustee - Iron Workers' Loca Annuity Fund	ls 15 & 424
Trade Name, if any:		and the second s
P.O. Box, Bldg., Room No., if any		The state of the s
Street 300 Research Parkway, Suite 301		vis-y-like distribution construction of the co
City Meriden		
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	allow a confundamental and a second of the s
	I.F.E.B.P. Annual Conference regis hotel, daily expense - November 20	
	Expenses related to Board of Trust the year	ees meetings for
		tration - Nov. 05

	12.b. Amount.	\$2,469

Name of Person Filing Andrew Esposito	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers' 15 & 424 Apprentice Training	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 300 Research Parkway, Suite 301	c. Employer	
City Meriden		
State Connecticut ZIF Code + 4 06450		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers' 15 & 424 Apprentice Training	Union Trustee - Iron Workers' Loca Apprentice Training Fund	ls 15 & 424
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		Taken to the second sec
Street 300 Research Parkway, Suite 301		
City Meriden		
State Connecticut ZIP Code + 4 · 06450	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Educational Conference, registrati	
	hotel, daily expenses - September	2004
	12.b. Amount.	\$2,700

Name of Person Filing Andrew Esposito	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Iron Workers District Council of NE - LMCT	🙀 a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any PO Box 96	b. Trust
Street 191 Old Colony Avenue	c. Employer
City South Boston	
State Massachusetts ZIP Code + 4 02127	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Member of the district council
L	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Annual IMF Conference hotel and parking expenses - January 2004
	IMPACT conference event costs - June 2004
	Bi Annual Apprenticeship Conference - September 2004
	12.b. Amount. \$786

 	
Name of Person Filing Andrew Esposito	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Reid and Reige, P.C.	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street One Financial Plaza	c. Employer
City Hartford	
State Connecticut ZIP Code + 4 06103	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Iron Workers 15 & 424 Fringe Benefit Funds	Legal Counsel for funds
Trade Name, if any:	** Reference Form 5500 Schedule C
P.O. Box, Bldg., Room No., if any	Reference Form 5500 Schedute C
Street 300 Research Parkway, Suite 301	
Cib	
City Meriden	
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Reception at annaul Board of Trustees meeting
	Operating Engineers golf outing - July 2004
	12.b. Amount. \$279

Name of Person Filing Andrew Esposito	File Number U-

8	. Name and address of Business (including trade name, if any).	9. Business deals with:	
	Name Buckley, Frame, Boudreau & Co., P.C.	a. Labor Organization	
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any	b. Trust	
	Street 116 Washington Avenue	c. Employer	
	City North Haven		
	State Connecticut ZIP Code + 4 06473		
1	0. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Name Iron Workers 15 & 424 Fringe Benefit Funds	Auditor	
	Trade Name, if any:		
	ANY WORLD STORE AND ANY AND AND AND ANY AND		
	P.O. Box, Bldg., Room No., if any	** Reference Form 5500 Schedule C	
	Street 300 Research Parkway, Suite 300		
	City Meriden		
	State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing,	
		12.a. Nature of interest held or income received.	manas, con me comment o commental manas as services completenante comment.
		Annual MCAC Scholarship Golf Outin 2004	g - September
		Reception at annual Board of Trust	ees meeting
		12.b. Amount.	\$267

						
Name of Person Filing	Andrew	Esposito			File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name The Segal Company	a. Labor Organization	
Trade Name, if any:	<u> </u>	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 Waterside Drive	c. Employer	
City Farmington		
State Connecticut ZIP Code + 4 06032		
10. If 9.b. or 9.c. is checked give trust or emptoyer's name.	11.a. Nature of such dealing.	
Name Iron Workers 15 & 424 Fringe Benefit Funds	Benefit Consultant for Funds	
Trade Name, if any:		non-management of the second o
P.O. Box, Bldg., Room No., if any		WAR
Street 300 Research Parkway, Suite 301	** Reference Form 5500 Schedule	c
City Meriden		
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	The state of the s
	Reception at annual Board of Trust	ees meeting
	Lunch - February 2004	
	Dinner - September 2004	on the state of th
	Action and the second s	3.1.1
	- Control of the Cont	· · · · · · · · · · · · · · · · · · ·
	12.b. Amount.	\$275

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Name of Person Filing Andrew Esposito		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Prudential Financial	a. Labor Organization	
Trade Name, if any:	hannel	
P.O. Box, Bldg., Room No., if any P.O. Box 2975	x b. Trust	
Street 280 Trumbull Street, H06A	c. Employer	
City Hartford		
State Connecticut ZIP Code + 4 06103		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers 15 & 424 Annuity Fund	Investment Manager	
Trade Name, if any:		-
P.O. Box, Bldg., Room No., if any	** Reference Form 5500 Schedule C	
Street 300 Research Parkway, Suite 301		Annual Management and a sub-
City Meriden		
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf Outing - May 2004	· Washington

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	12 h Amount \$1	ool

Name of Person Filing Andrew Esposito	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mellon Inst. Mgmt/Franklin Portfolio Assoc.	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One Boston Place, 24th Floor	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers 15 & 424 Pension Fund	Investment Manager	
Trade Name, if any:		-
P.O. Box, Bldg., Room No., if any		
Street 300 Research Parkway, Suite 301		and an artist of the second se
City Meriden	** Reference Form 5500 Schedule C	Account
Commission of Administration (Administration of Administration of the Commission of Administration of	Exercise the second of the sec	
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Lunch - October 2004	***************************************
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	12.b. Amount.	\$48